

Reviewing Official

## CITY OF HOUSTON

Department of Health and Human Services

NOTICE OF WAIVER APPLICATION FOR:

**REDUCTION TO MINIMUM 180-DAY** 

INTERCEPTOR CLEANING FREQUENCY

## **Annise D. Parker**

Mayor

Stephen L. Williams, M.Ed., M.P.A. Director Houston Department of Health and Human Services 7411 Park Place Blvd RM 102 Houston, TX 77087

T.832.393.5100

						www.housto	onhealth.org	
TCEQ#_			·	*Telephone Number	•		<del></del>	
Company _		/						
Ac	ldress			City	Zip			
				liance for a full 12 m	nonths and have	e a 90 day pump out hi	story before waiver	
	I be gr							
Fo			Waiver to be effective u	nder Chapter 47-512(e),	, please answer the	following:		
1.			Has your interceptor of	r holding tank overflow	ed during the previ	ious 12 month?		
2.			Have you received a verbal warning, notice of violation or a citation regarding your interceptor from any government entity (including, but not limited to, City of Houston Department of Health and Human Services) during the previous months?					
3.			☐ Is the capacity of your interceptor consistent with uniform plumbing code, as currently adopted by the city?					
4.		Will the interceptor produce an effluent consistent with the discharge parameters specified by Chapter 47-514 of Ordinances with the reduced frequency requested?						
5.			Will the interceptor contain more than 25% of floating materials, sediment, oils, or grease at any time based on the reduced cleaning frequency?					
reg 600 All its tha No All	ulation. ) will recrepese intercept, based te: Pleatsetion	Violates sult in antation tor in on information seemals softh	tions of ARTICLE XI. T the Notice of Waiver be ns in Notice of Waiver and compliance with the Coc formation and belief after il Notice of Waiver to 7	RANSPORTATION AN ing denied or cancelled. The conditions upon which the of Ordinances of the Ordinances of the Ordinance inquiry, the 411 Park Place Houston e complete or application.	th the generator sha City of Houston and statements on this on, Tx. 77087 Attn ion will not be rev	accordance with federal, st OF CERTAIN WASTES S Ill operate its interceptor. The d all applicable laws. The si Notice of Waiver are true, a: LaNiece Blue or Naomi viewed. Faxed applications	Sec 47-411 through 47- ne applicant will operate ignature below indicates accurate and <b>complete.</b> Macias	
			Generator (Owner Rep	·		enerator Signature	 Date	
			·	<u> </u>		onerator dignature	Date	
Tra	anspor	ter Ce	R'S CERTIFICATION ertification: I certify the defiluent discharge of the de	nat the frequency (#	Times/Yr) o	of cleaning at this facility is etted height of Sludge Jud	s sufficient to dge. (Sec.47-512(e)(2)	
Transporter Company Rep. (Print Name)					Signature		Date	
Transporter Company's Name: COH Permit Number:							umber:	
For	Office	lea Onl	lv		Comments			
For Office Use Only Date Reviewed			<u>.,</u>	NOV	Comments.			

Exemption Granted DYES DNO

Citations